

N23000004874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

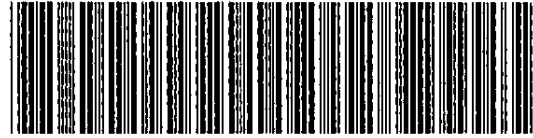
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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J. Stivers MAY 28 2013

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Home Educators' Network of Central Florida Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Radonda Dobbins
Name (Printed or typed)

18507 Tunbridge St.
Address

Orlando FL 32833
City, State & Zip

407-234-6672
Daytime Telephone number

homeedmomma@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Home Educators' Network of Central Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

18507 Tunbridge St.
Orlando, FL 32833

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide education, support,
networking/community outreach, mentoring, classes and
social activities for homeschooling families in the
Central Florida area.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Annual appointment.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Radonda Dobbins
Address: 18507 Tunbridge St.
Orlando, FL 32833

Name and Title: _____
Address: _____

Name and Title: Chris Savage
Address: 308 W. Frank St.
Richland, NC 28574

Name and Title: _____
Address: _____

Name and Title: Dacia Granville
Address: 2110 Gachet Ct.
Apt. 102
Orlando, FL 32807

Name and Title: _____
Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAY 24 AM 11:15

FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Radonda Dobbins

Address: 18507 Tunbridge St.
Orlando, FL 32833

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Radonda Dobbins

Address: 18507 Tunbridge St.
Orlando, FL 32833

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Radonda Dobbins
Required Signature of Registered Agent

5/20/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Radonda Dobbins
Required Signature of Incorporator

5/20/13
Date

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TALLAHASSEE, FLORIDA